

9th Annual 第九屆健安慈善運動會
Kin On Sports Tournament



2016 KIN ON SOCCER TOURNAMENT

SAT, June 18, 9am-3:30pm & SUN, June 19, 10am-5pm | Shoreline Park Soccer Fields

Thank you for participating in the 2016 Kin On Sports Tournament. Proceeds from this event benefit the Kin On Expansion Project to include a new community center, assisted living facility, adult family home, and nursing home renovations (short-term rehab wing expansion and sun room). Visit www.kinon.org to learn more!

ENTRY FEE **\$600 per team of 20 players; \$30 per additional players**

REGISTRATION Please mail Team Registration form and Consent/Release form along with payment (check payable to Kin On) to

John Ho
104 N 195th Court,
Shoreline, WA 98133

Online registration available at <https://kinon.ejoinme.org/soccer>

REGISTRATION DEADLINE **June 1, 2015**

SCHEDULE Teams must check in 30 min prior to assigned game time.

DIVISIONS/ TEAMS Maximum 12 teams (max. 25 players per team) in three divisions:
Open, Corporate, and Recreation

PRIZES Awards will be presented to winning teams after the games.

QUESTIONS **Tournament Chairs:**
John Ho, Karman Cheung, and Casey Nelson
soccer@kinon.org

Kin On Fund Development Office:
206.721.3630 or development@kinon.org

WEBSITE Visit www.kinon.org for latest event information



2016 KIN ON SOCCER TOURNAMENT

SAT, June 18, 9am-3:30pm & SUN, June 19, 10am-5pm | Shoreline Park Soccer Fields

Registration & Consent/Release Form (1 of 2)

The undersigned declares that he/she is organizing a soccer team to participate in the 2016 Kin On Soccer Tournament (the "Tournament") held at Shoreline Park Soccer Fields on June 18-19, 2016. The Tournament is sponsored by Kin On Community Health Care as a fund raising activity.

Each member of the team will be asked to sign a waiver form on the day of the tournament to release Kin On Community Health Care, Kin On Health Care Center, and their respective directors, officers, employees, agents and contractors from any liability whatsoever in connection with any injuries that he/she might suffer as a result of his/her participation in the Tournament.

By signing this form, the undersigned certifies that he/she has read and understands all of its terms.

Team Name: _____

Captain's Name: _____

Captain's Email: _____

Captain's Phone: _____

Captain's Address: _____

Captain's Signature: _____

Date: _____



2016 KIN ON SOCCER TOURNAMENT

SAT, June 18, 9am-3:30pm & SUN, June 19, 10am-5pm | Shoreline Park Soccer Fields

Registration & Consent/Release Form (2 of 2)

All players must sign consent form before participating in the tournament.

The undersigned declares that he/she is organizing a soccer team to participate in the 2016 Kin On Soccer Tournament (the "Tournament") held at Shoreline Park Soccer Fields on June 18-19, 2016. The Tournament is sponsored by Kin On Community Health Care as a fundraising activity.

Each member of the team will be asked to sign a waiver form on the day of the tournament to release Kin On Community Health Care, Kin On Health Care Center, and their respective directors, officers, employees, agents and contractors from any liability whatsoever in connection with any injuries that he/she might suffer as a result of his/her participation in the Tournament.

By signing this form, the undersigned certifies that he/she has read and understands all of its terms.

Team Name: _____

| Player's Name | Player's or Guardian's (if under 18) Signature | Date Signed | Emergency Contact | Emergency Phone |
|---------------|---|-------------|-------------------|-----------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| 18 | | | | |
| 19 | | | | |
| 20 | | | | |
| 21 | | | | |
| 22 | | | | |
| 23 | | | | |
| 24 | | | | |
| 25 | | | | |